Play Therapy Referral Form

Name of Child		To days Date	
DOB		M/F	
Class		Year	
Name of referrer Contact Details		Family status: Lone/step/carer etc	
Ethnic Origin		External Agencies Involved (specify):	
Referred by: ✓ Self ☐ Teacher ☐ Parent ☐ Other ☐		Parent Interview Date:	
Any diagnosis like ADHD? Please state: ☐		SENCO Meeting Dates:	
Is the child on medication ☐		Teacher meeting Dates**:**	
EP Involved ☐			
Parental Consent ☐		Therapists Name:	
Child Consent ☐			

Reasons for referral:

What are the reasons for concern?

What do you think is the cause of this?

What four things do you hope will happen as a result of seeing the Play Therapist?

1. _____

2. _____

3. _____

4. _____